

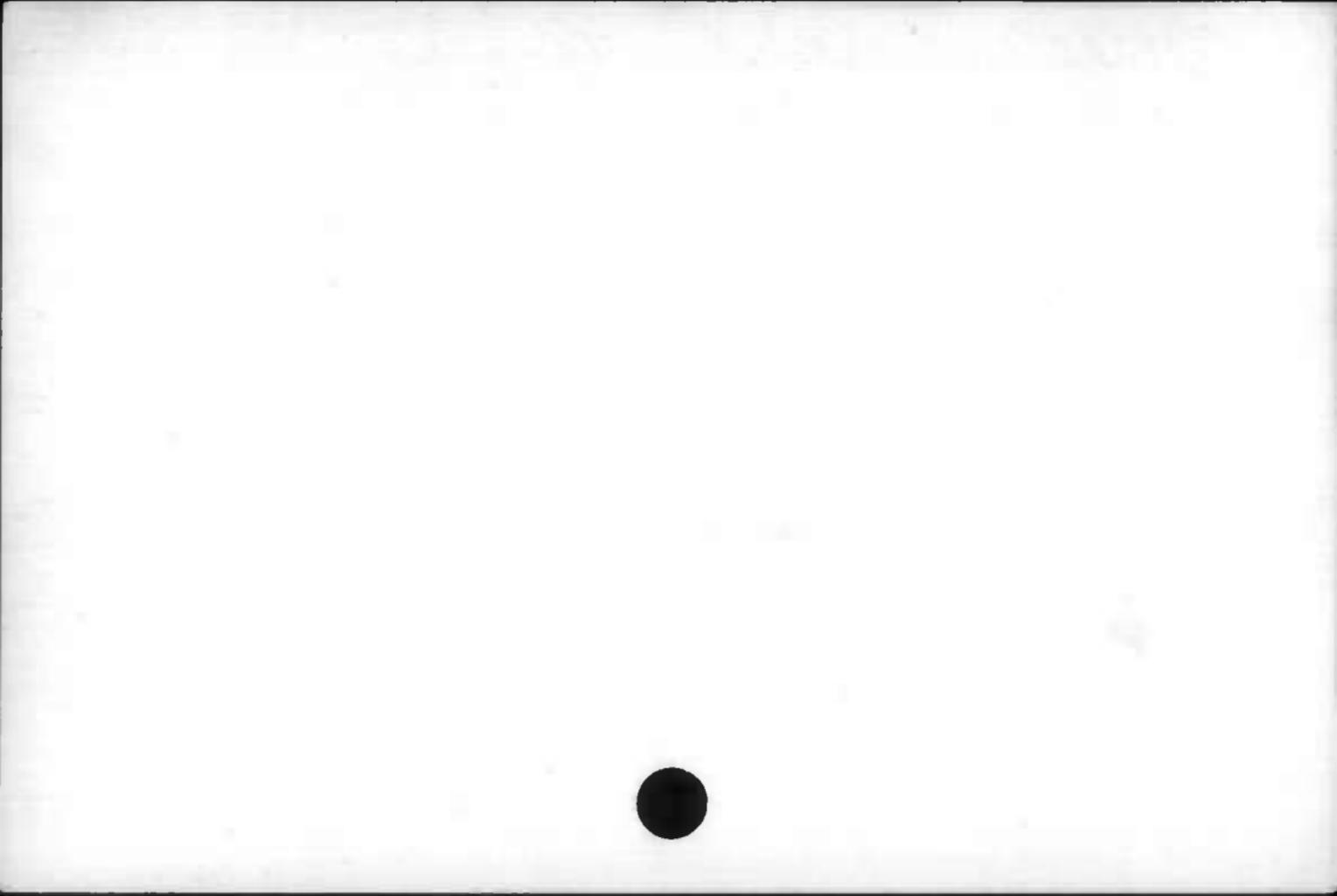
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

unnamed baby of Martha Clipper CERTIFICATE OF DEATH

Town	County	MARYLAND				
Died at Seneca	Montgomery					
Date of death 1909	Month 10	Day 25	Age -	Years -	Months -	Days 11
Sex Male	Color or Race Negro	Birth-place Seneca Md.				
Occupation -	Where Residing if not at place of death -					
Married, Single or Widowed -	Name of wife or Husband -					
Father's Name Chas Diga	Father's Birthplace Md.					
Mother's Maiden Name Martha Clipper	Mother's Birthplace Md.					
Name of person giving information Mother (Martha Clipper)	How related to deceased Mother					
CAUSES OF DEATH						
Primary Ixanthion	151					
Immediate Asthma	How long 11da					
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician N D House					
Address 11 D House	Lansdowne Md.					
Accident or Suicide						



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Clinton Coates

CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	Germany	Month	Day	Years	Months	Days
Date of death	1909	10	30	Age	8	8
Sex	Male	Color or Race	Black	Birth-place	Montgomery Co.	
Occupation	Where Residing if not at place of death			—		
Married, Single or Widowed	Name of Wife or Husband			—		
Father's Name	Lloyd Coates			Father's Birthplace	Montgomery Co.	
Mother's Maiden Name	Emma Anna			Mother's Birthplace	—	
Name of person giving information	Father			How related to deceased	—	

CAUSES OF DEATH

61

How long

How long

3 days

Primary

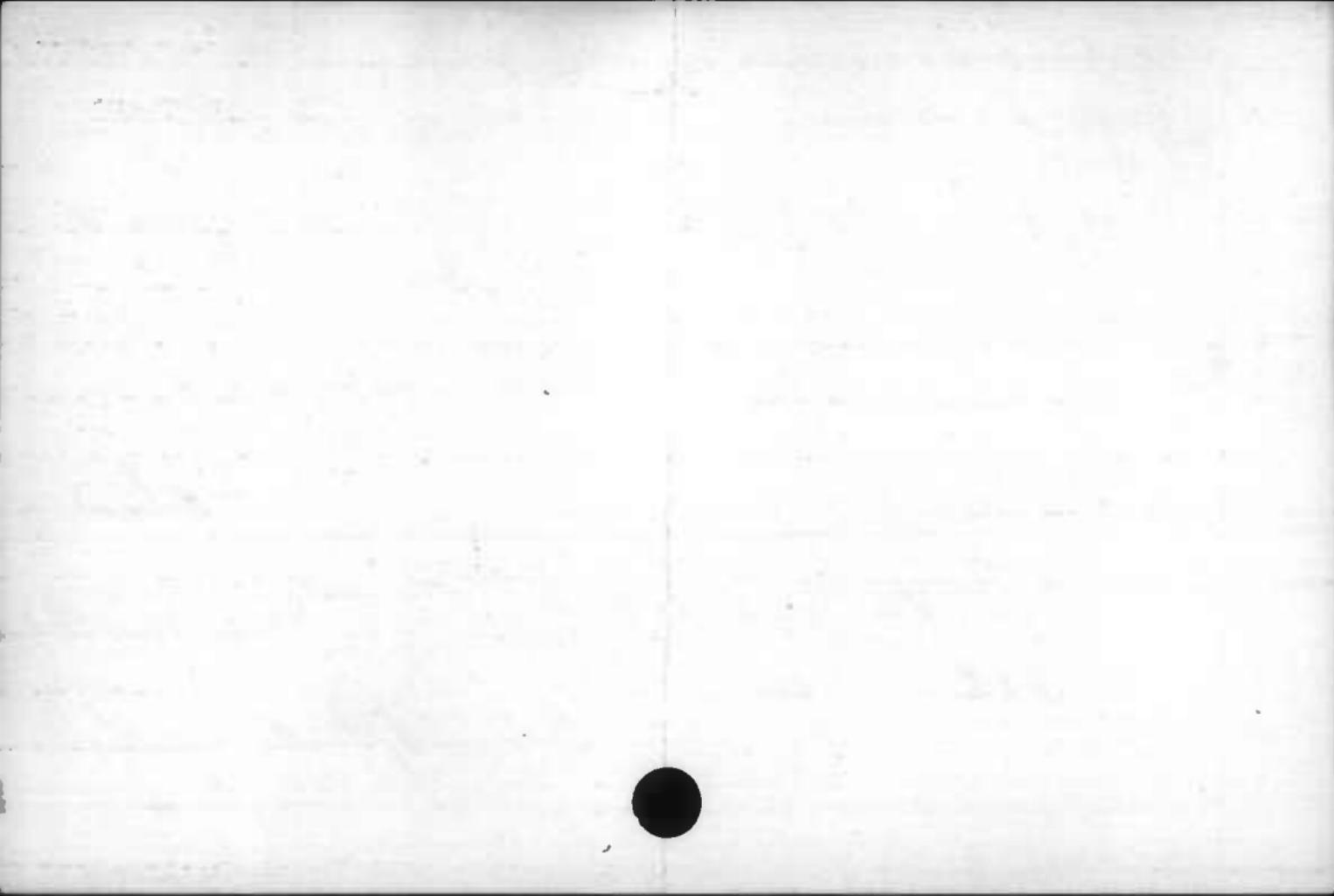
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

E. Charles Davis

CERTIFICATE OF DEATH

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>10</u>	Day <u>27</u>	Age <u>86</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X.</u>				Father's Birthplace <u>Maryland</u>		
Father's Name <u>Joshua Davis</u>				Mother's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Spatz</u>				How related to deceased <u>Nephew</u>			
Name of person giving information <u>E. Charles Morgan</u>							
CAUSES OF DEATH						<u>154</u>	
Primary <u>Senile Dibility</u>				How long <u>Three months</u>			
Immediate <u>Exhaustion</u>				How long			

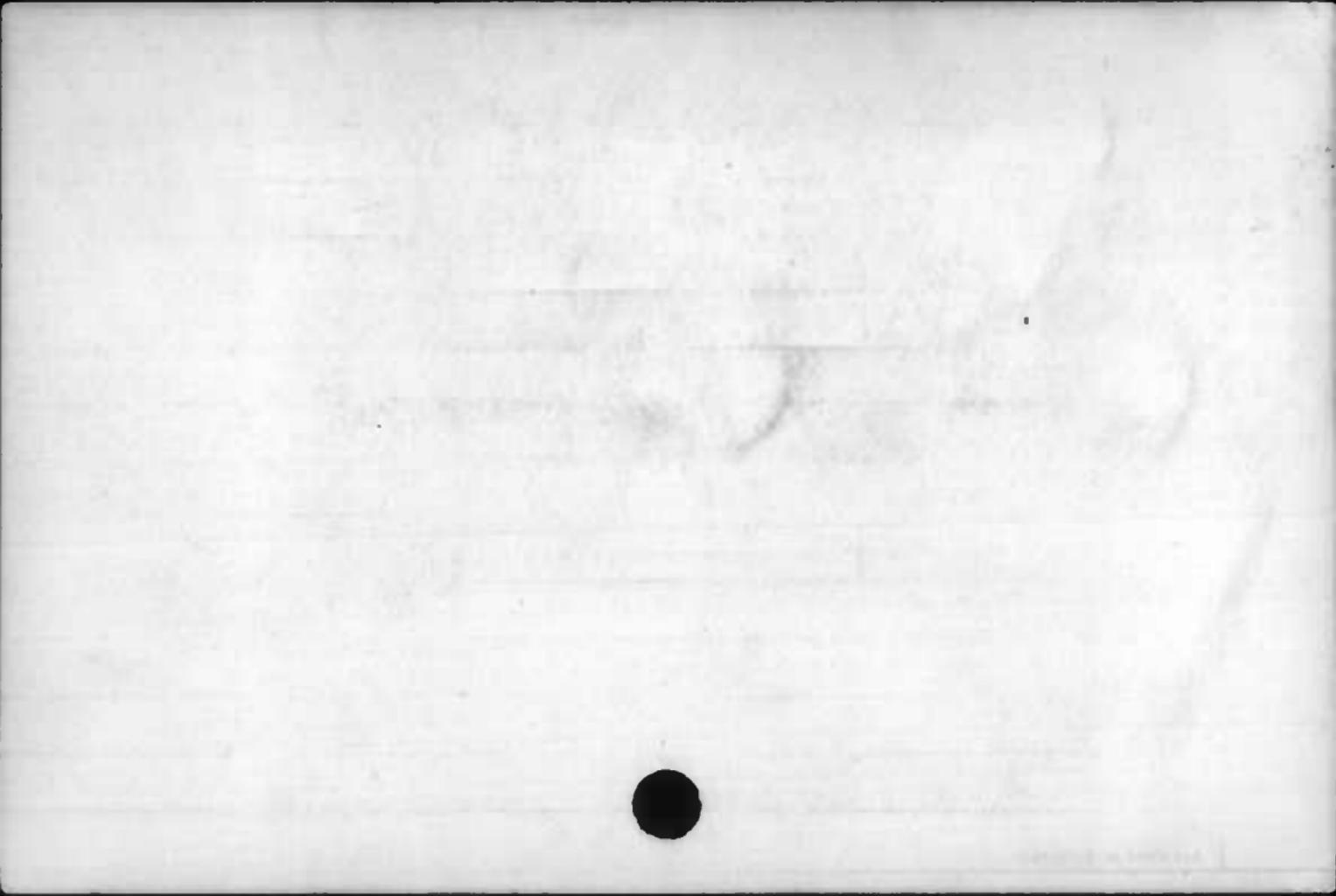
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eruline Dorsey						CERTIFICATE OF DEATH	
Died at Laytonsville			County Montgomery			MARYLAND	
Date of death 1908	Month October	Day 20 th	Age 75	Years	Months 8	Days	
Sex Female	Color or Race Collard		Birth-place Howard Co				
Occupation Servant	Where Residing if not at place of death near Laytonsville						
Married, Single or Widowed Widower	Name of Wife or Husband William Dorsey		Father's Birthplace Howard Co				
Father's Name Frank Goff			Mother's Birthplace Howard Co				
Mother's Maiden Name Rachell Goff			How related to deceased Daughter				
Name of person giving information Addie O'Donnell							

CAUSES OF DEATH

154 ✓

Primary old age infirmity of mind and body

How long one year

Immediate

How long one month

Are the name, age, sex, color, date and place correctly given above?

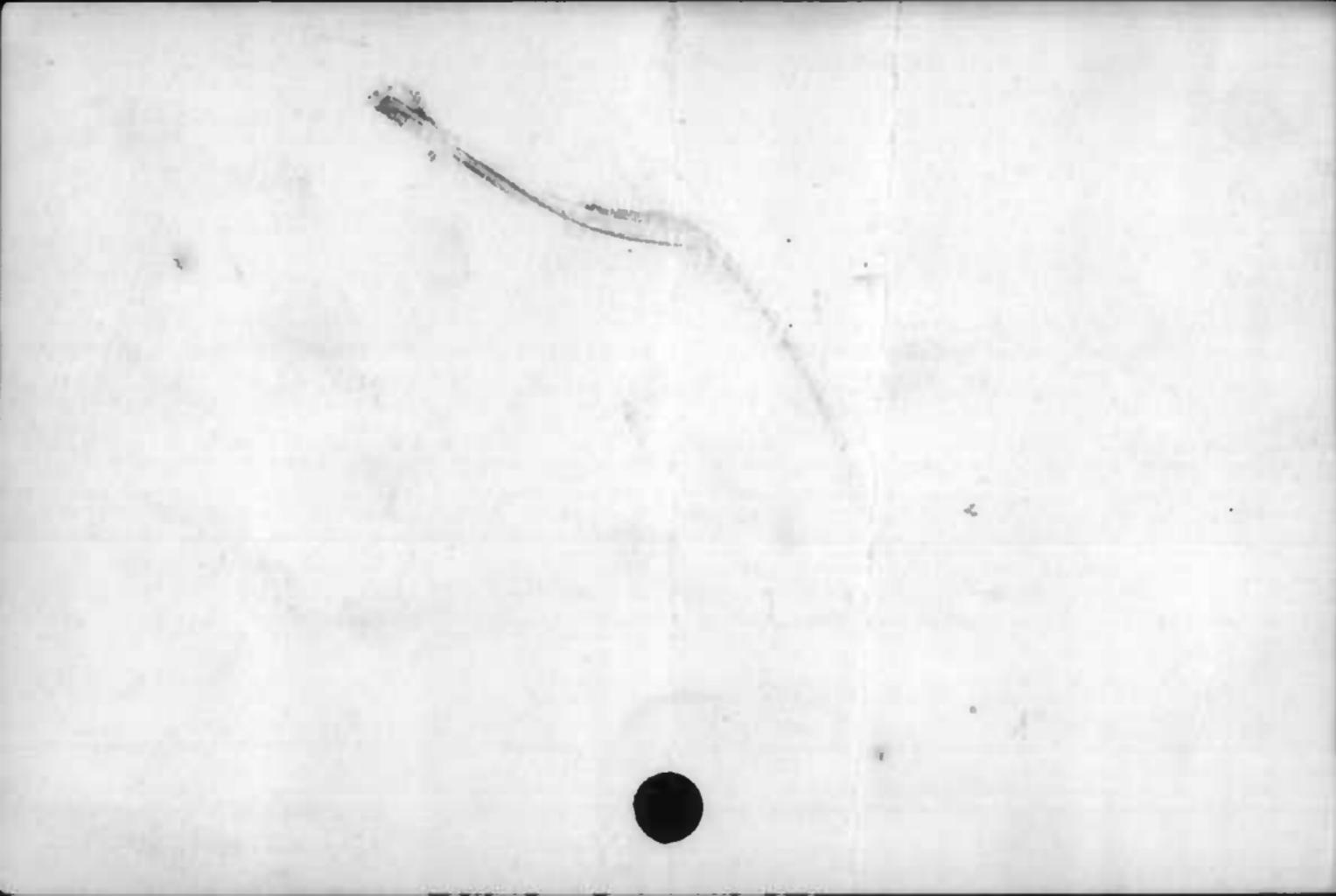
Signature of Physician

Address

yes

Edw. C. Brewster
Laytonsville, Md.
acting Coroner

Accident or Suicide?



Name
in
Full

Margaret Owen Dorsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at near Brookville	Montgomery Co.	
Date of death 1909	Month October	Day Sat. 30
Years	Months	Days
Age 68		
Sex Female	Color or Race white	Birth-place near Brookville
Occupation Housewife	Where Residing if not at place of death	
Married, Single or Widowed married	Name of Wife or Husband Gustavus W. Dorsen	
Father's Name Edward W. Owen	Father's Birthplace near Olney.	
Mother's Maiden Name Elizabeth Clegett	Mother's Birthplace near Brookville	
Name of person giving information Matilda S. Brightwell	How related to deceased cousin	

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary

Hepatic Calculi with ^{starting} 5 weeks

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

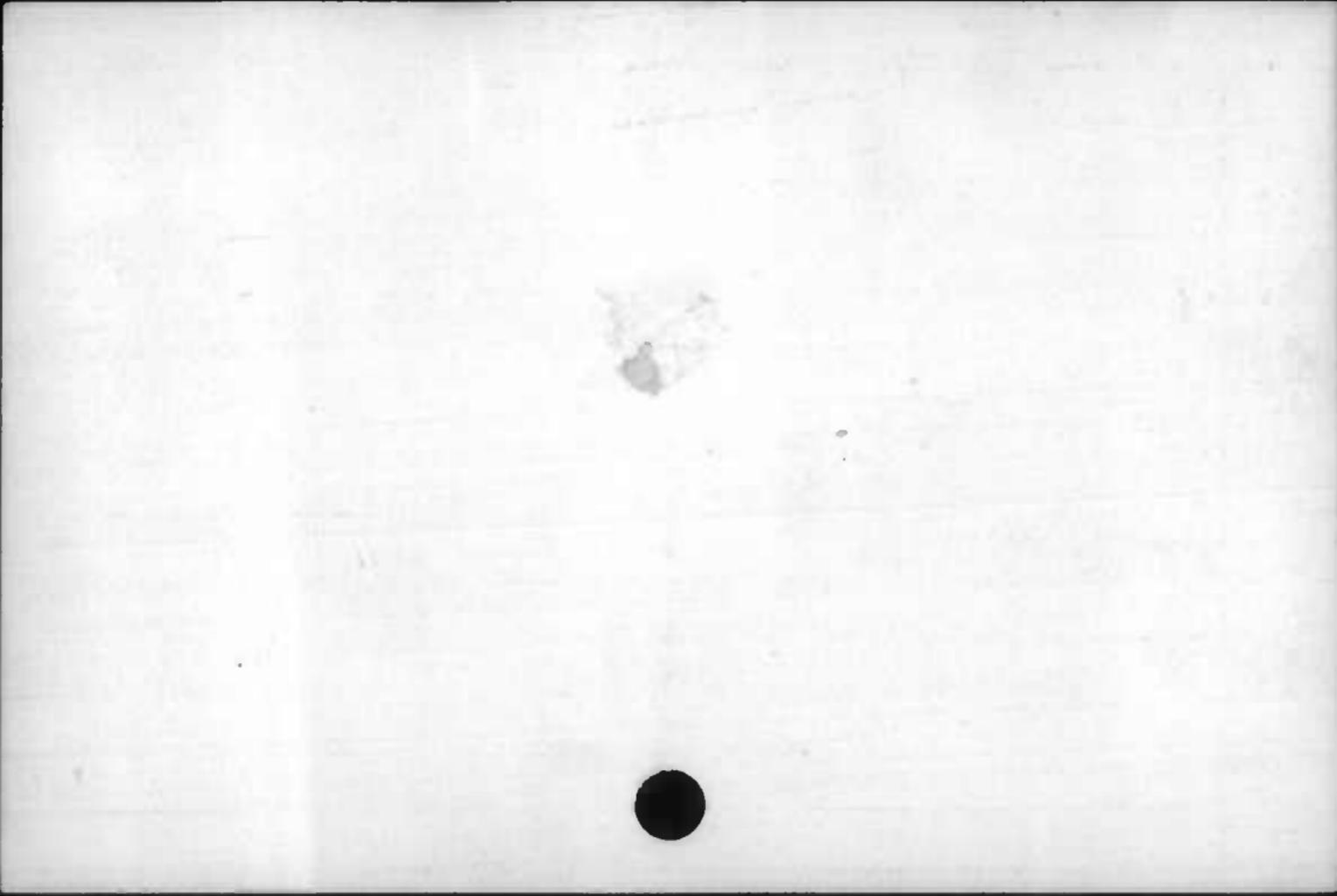
Signature of Physician

Address

A. G. Spurrier

Gaithersburg Md

Accident or Suicide?



Name
in
Full

Susie Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Buck Lodge	Twenty		
Date of death	Month	Day	Years
1909	10	23	Age 45
Sex	Color or Race	Birth-place	Month Dey's
Female	Negro	To record	- -
Occupation	Where Residing if not at place of death		
Domestic Cook	To record		
Married, Single or Widowed	Name of Wife or Husband	Not known	
Father's Name	To record obtainable		
Mother's Maiden Name	To record obtainable		
Name of person giving Information	Jas. P. Gott-Her employer.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

81

How long

One half hour.
How long

Immediate

Syncope

Five moments

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

U. D. House
Dawsonville Md.

Accident or Suicide



Name
in
Full

William Augustus Gassaway.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

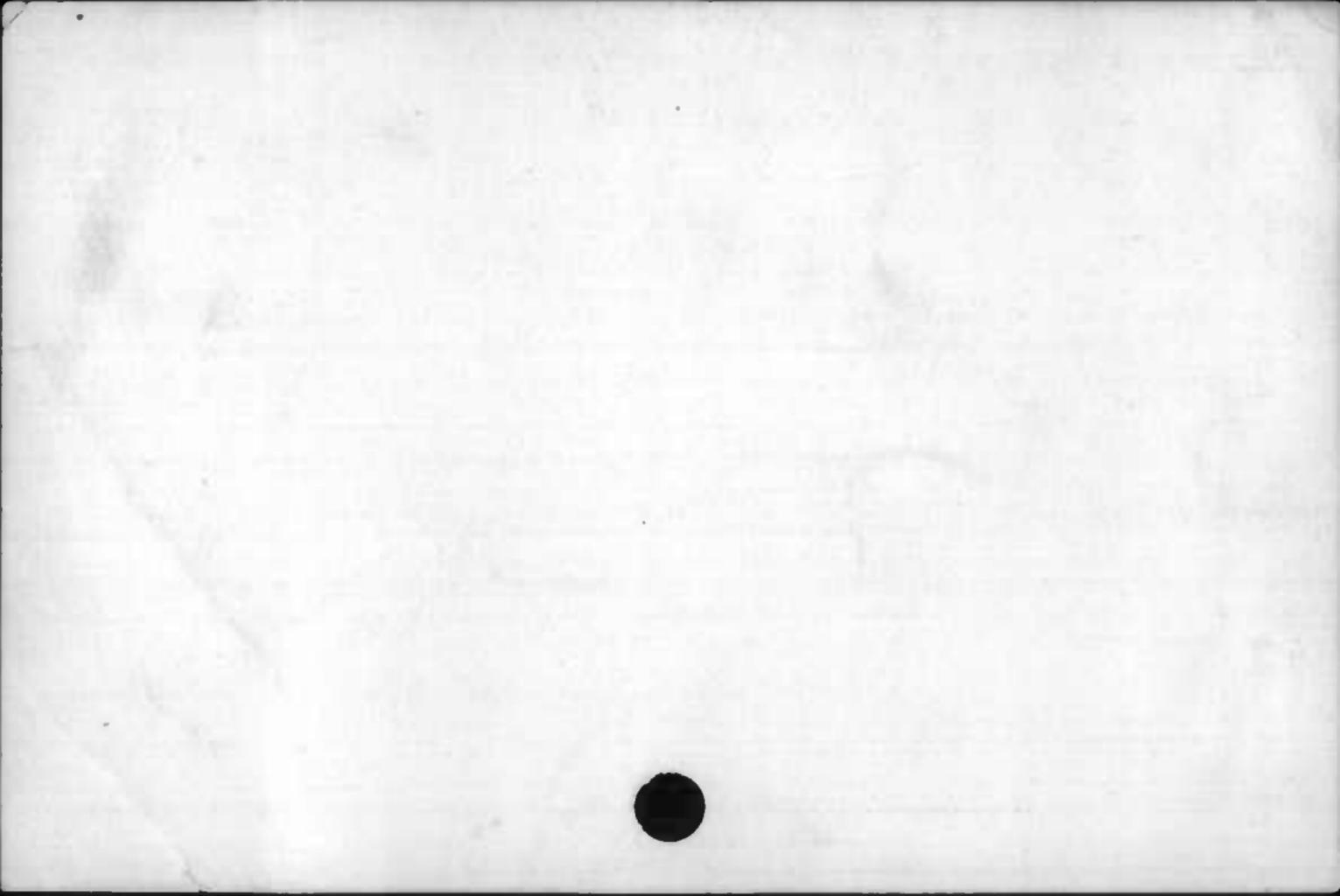
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	72		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Elizabeth Farrow	Rockville		
Father's Name	John Gassaway		Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza Dorsay		Mother's Birthplace	Maryland	
Name of person giving Information	Mary F. Reading		How related to deceased	Daughter	
CAUSES OF DEATH					
Primary	Nephritis with Falmer Nicet 14 car				
Immediate	Heart Failure				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
y			Address		
X					

120

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
y	Address
X	
Accident or Suicide?	



Name
in
Full

Mary D. E. Guigell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Bethesda	Town	County	MARYLAND		
Date of death	1909 Oct 24	Month Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Bethesda Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md.	
Father's Name	Charles E. Guigell			Mother's Birthplace	Va.	
Mother's Maiden Name	Isabell R. McKinney			How related to deceased	Father	
Name of person giving Information	Charles E. Guigell			27	How long	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ophthisis Pedmonalis

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

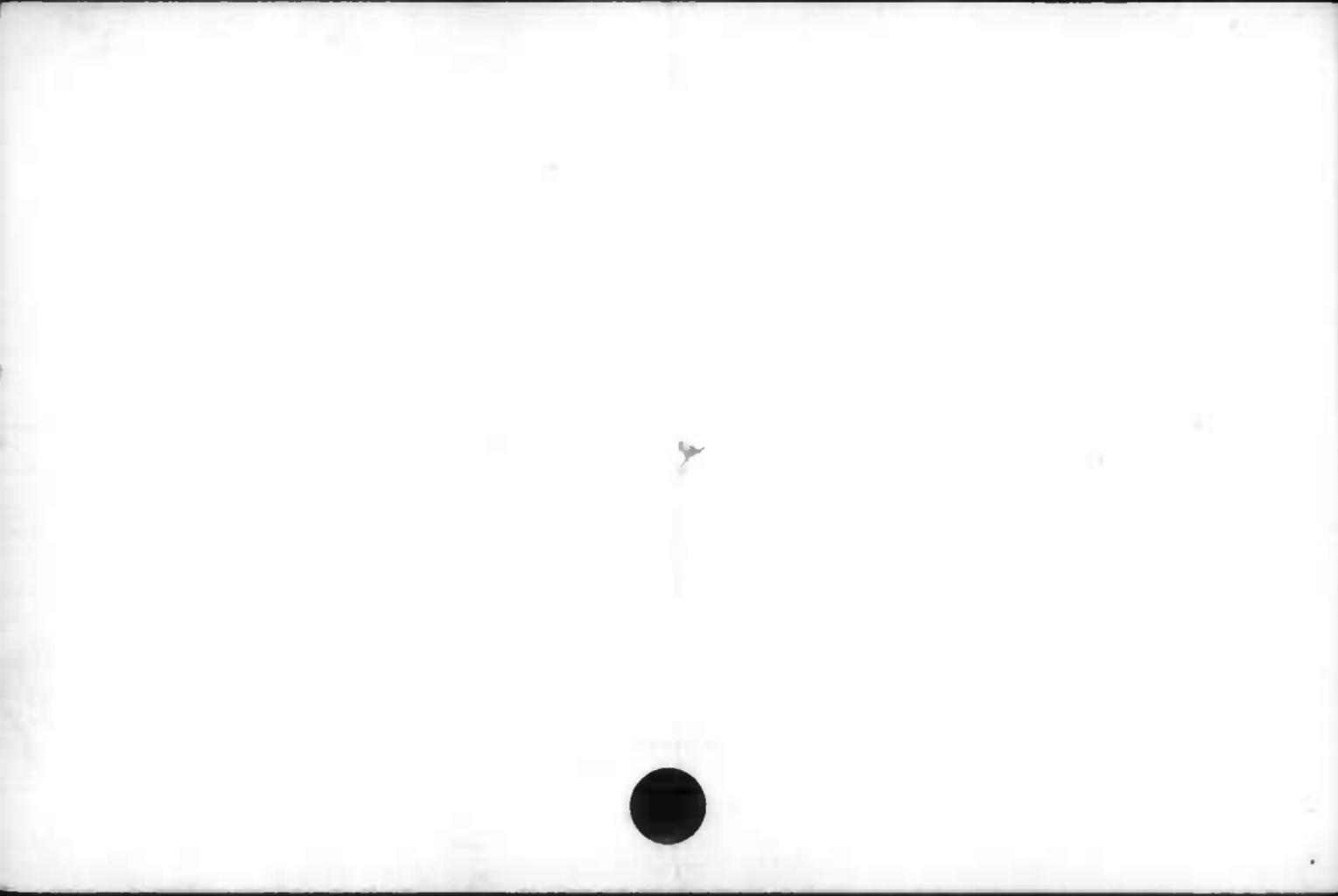
Signature of Physician

M. J. Ready
3325 N St.
Wash. D.C.

Address

Accident or Suicide

No



Name
In
Full

Earnstina Rebeca Grosendorf, CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Germantown

Town County Montgomery

MARYLAND

Date of death 1909 Month 10 Day 26

Age 67 Years

Months 16 Days

Sex Female

Color or Race White

Birth-place

Germany

Occupation Farmer's wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Grosendorf

Father's Name

John Frederick Richter

Father's Birthplace

Mother's Maiden Name

Anna Richter

Mother's Birthplace

Name of person giving
Information

John H. Germanau

How related
to deceased

Son in law

CAUSES OF DEATH

79

Primary

Bronchitis

How long

1 year

Immediate

Mitral Insufficiency

How long

9 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes

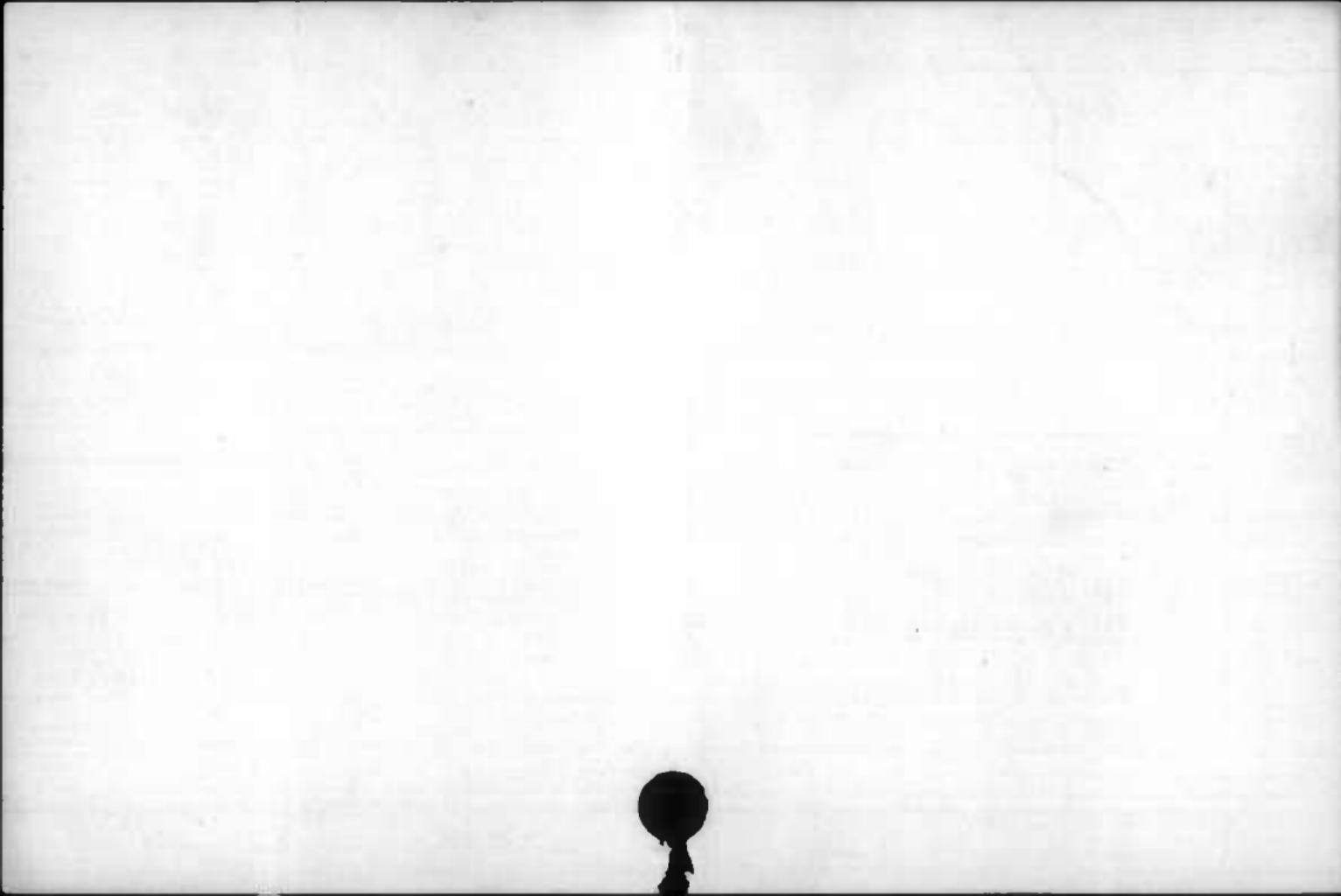
Signature of
Physician

Address

J. W. Simper
Germantown Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Benj. F J Hamilton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cabin John		Montgomery	
Date of death	Month	Day	Years Months Days
1909	Oct	14	Age 69 - -
Sex	Color or Race	Birth-place	
Male	W	Maryland	
Occupation	Where Residing if not et place of death		
Farmer	Warren, New York		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Va
Widowed	Warren, New York	Father's Birthplace	Va
Father's Name	Wm J Hamilton	Mother's Birthplace	Va
Mother's Maiden Name	J. Bailey	How related to deceased	
Name of person giving information	Walter Hamilton	(66)	✓

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary: Diabetes Mellitus
Immediate: Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. J. Pratt
Potomac

Accident or Suicide



Name
in
Full

Reeves Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Name			
Mother's Maiden Name	Name			
Name of person giving information	How related to deceased			

Sandy Spring Montgomery

Oct. 26 62

Male Colored

Farm hand

Single None

Reeveson Hill

Annie Joffry

Reeveson Booker

No relation

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary

Valvular insufficiency of heart

About a year

Immediate

Bright's Disease & Dropsy

About five months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

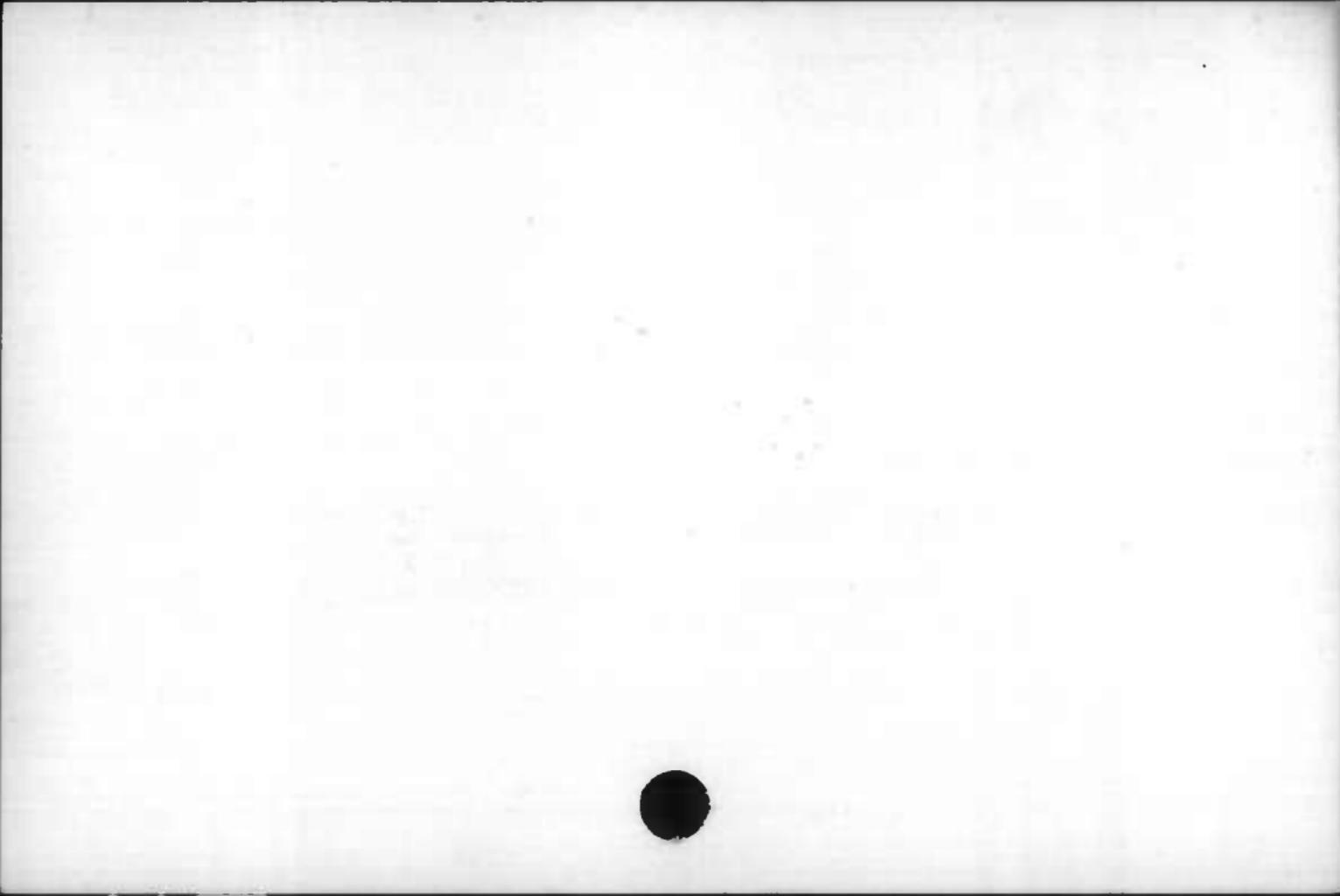
Address

Chas. Farquhar.

Olney.

Med.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Johnson

Town

Dawsonville

County

Maryland

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month 10 Day 18 Age 18 Years — Months — Days —

Sex Male Color or Race Negro Birthplace Maryland to Md.

Occupation Day laborer on farm Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband —

Father's Name Alex Johnson

Father's Birthplace Md.

Mother's Maiden Name Rose Corn

Mother's Birthplace Md.

Name of person giving Information Sandy Johnson

How related to deceased Brother

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

yr.

Immediate

Hemorrhage from lungs. few moments

PHYSICIAN
OR CORONER

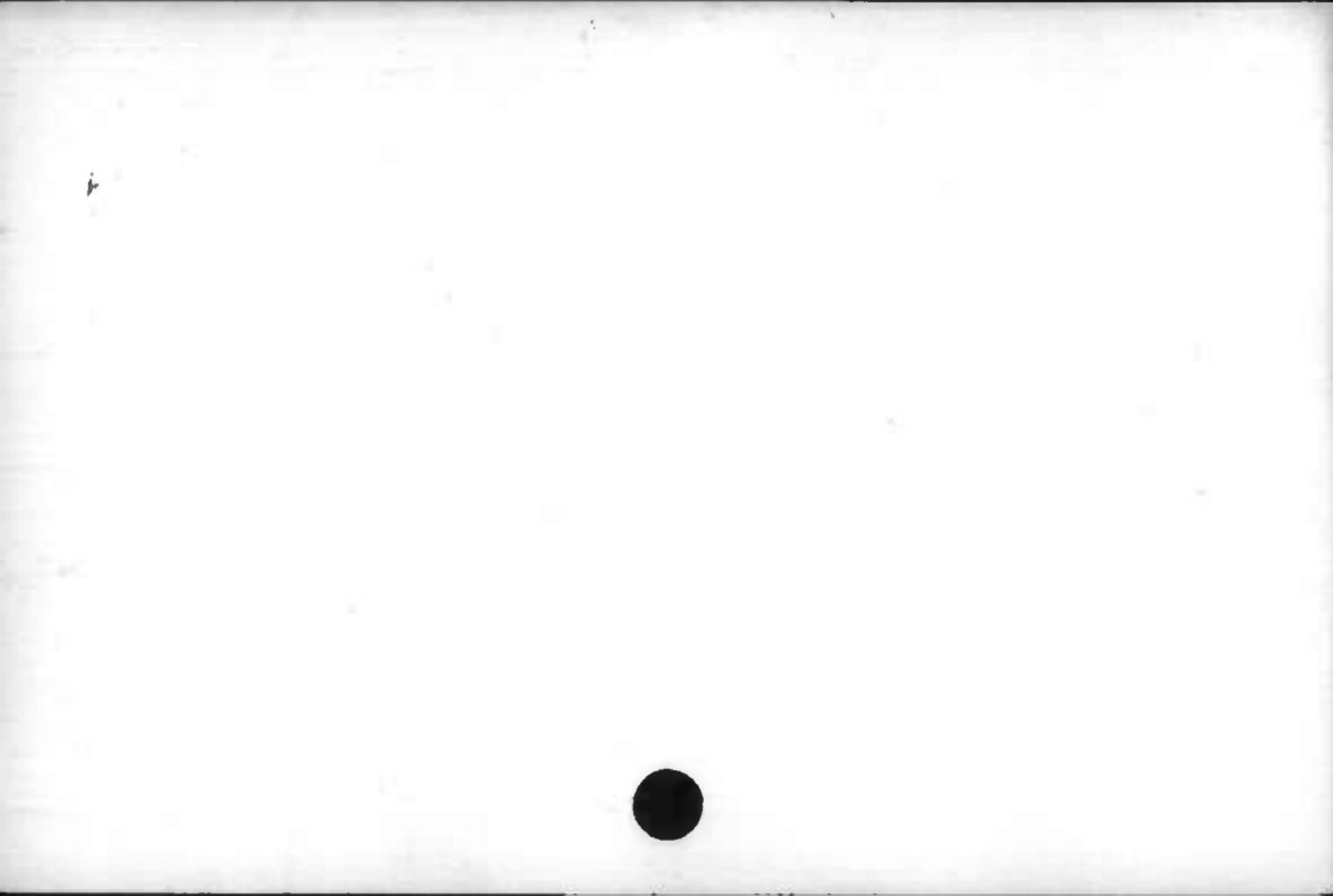
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

U.S. House
Dawsonville Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Germanatorium</u>		Town <u>Jones</u>	County <u>Montgomery</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>10</u>	Day <u>16</u>	Years <u>—</u>	Months <u>—</u>	Days <u>0</u>		
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Germanatorium, Md.</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>same</u>						
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Isaac Jones Jr.</u>						Father's Birthplace <u>Montgomery, Md.</u>	
Mother's Maiden Name <u>Rosalia Hall</u>						Mother's Birthplace <u>—</u>	
Name of person giving information <u>Isaac Jones Jr</u>						How related to deceased <u>Father</u>	
CAUSES OF DEATH							
Primary <u>Still born</u>						How long <u>—</u>	
Immediate <u>—</u>						How long <u>—</u>	

Immediate

Are the name, age, sex, color, date and place correctly given above?

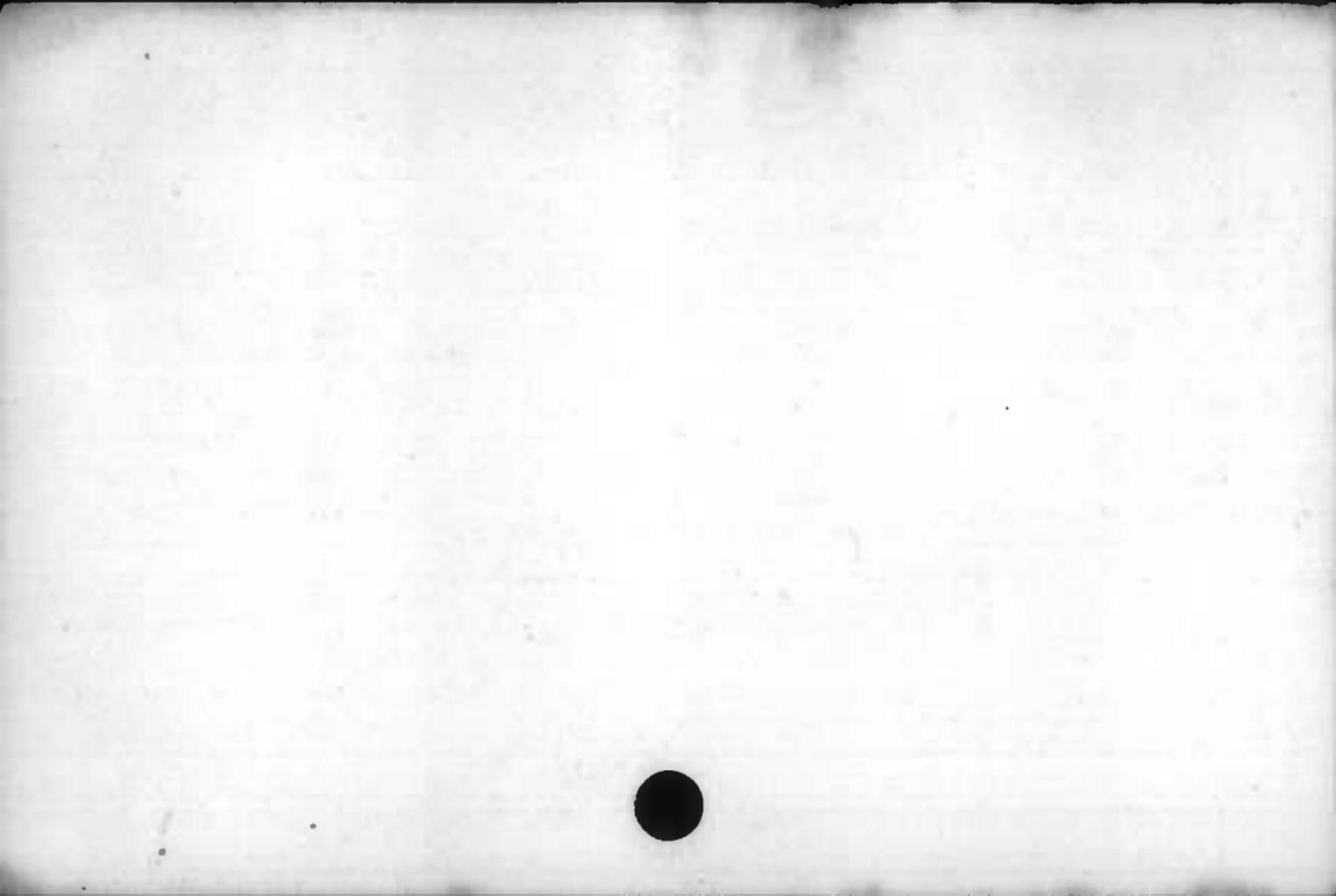
yes

Signature of Physician

Address

AB Haddox
Harrisburg
Md.

Accident or Suicide?



Name
in
Full

John Mawdeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Burnt Mills	Town	County	MARYLAND		
Date of death	1909	Month Oct	Day 11	Years 38	Months 3	Days 2
Sex	Male	Color or Race	White	Birth-place	England.	
Occupation	Book Keeper	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Louise Mawdeley			
Father's Name	Jas. Mawdeley			Father's Birthplace	England	
Mother's Maiden Name	Margareth Prescott			Mother's Birthplace	" "	
Name of person giving Information	Louise Mawdeley			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever.

How long

10 days.

Immediate Collapse

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

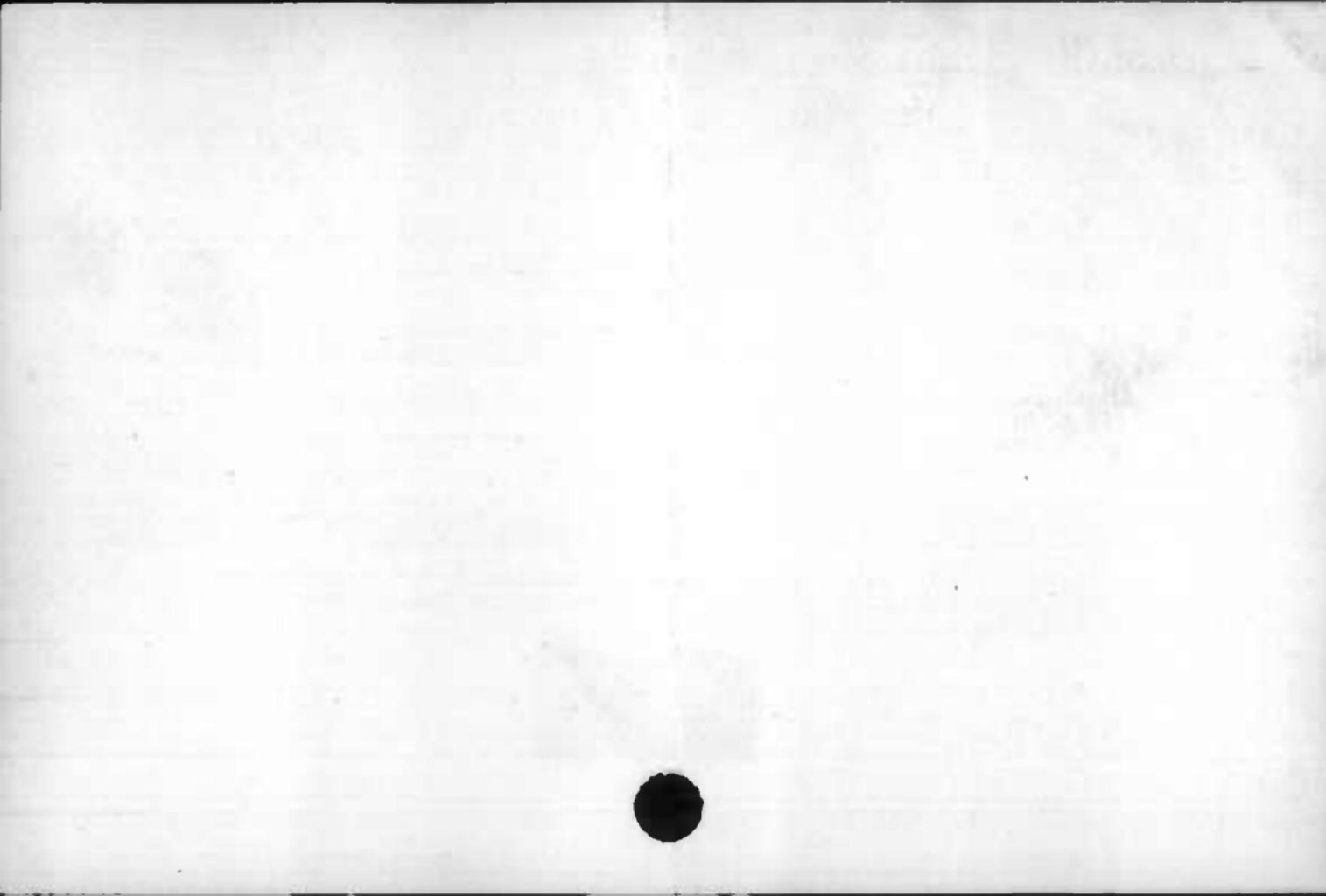
Signature of Physician

Yes.

Address

W. T. Brown
Silver Spring
Md.

Accident or Suicide?

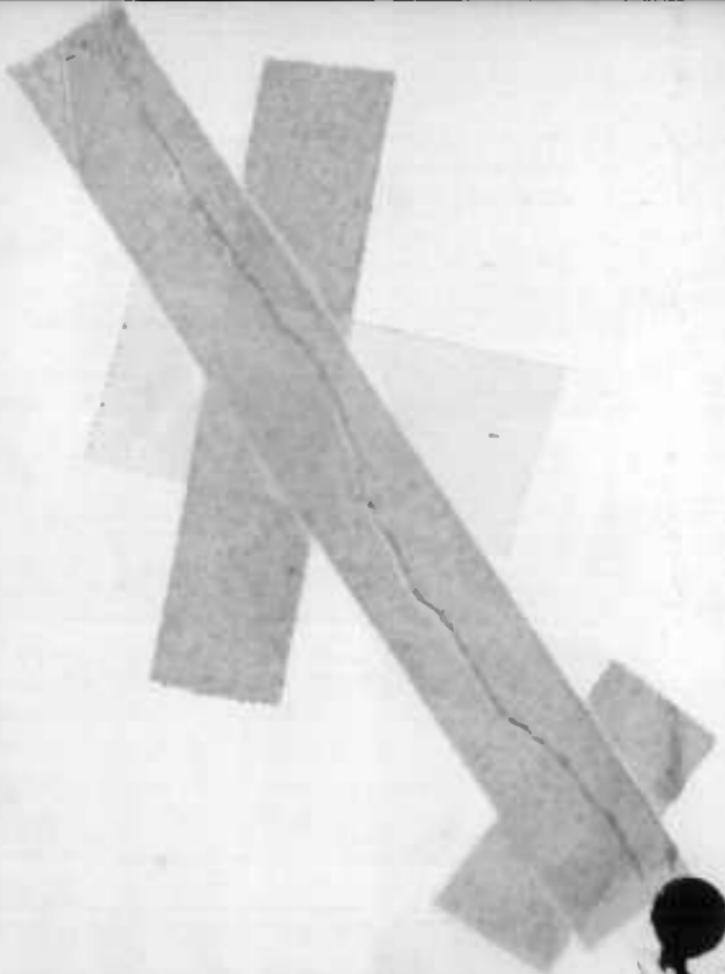


Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John S. McColloch		Town	County	MARYLAND		
Died at	near Rockville	Rockville				
Date of death	1909	Month Oct	Day 8	Years 76	Months 3	Days -
Sex	Male	Color or Race	White	Birth-place	Md -	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving information	W. A. Anderson		How related to deceased	None		
CAUSES OF DEATH				106 ✓		
Primary	General Debility -		How long			6 mos -
Immediate	Diarrhoea -		How long			5 weeks
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Address		
Yes			D. S. Peet			D. S. Peet
Accident or Suicide?			D. S. Peet			D. S. Peet



Name
in
Full

Jno. S. Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

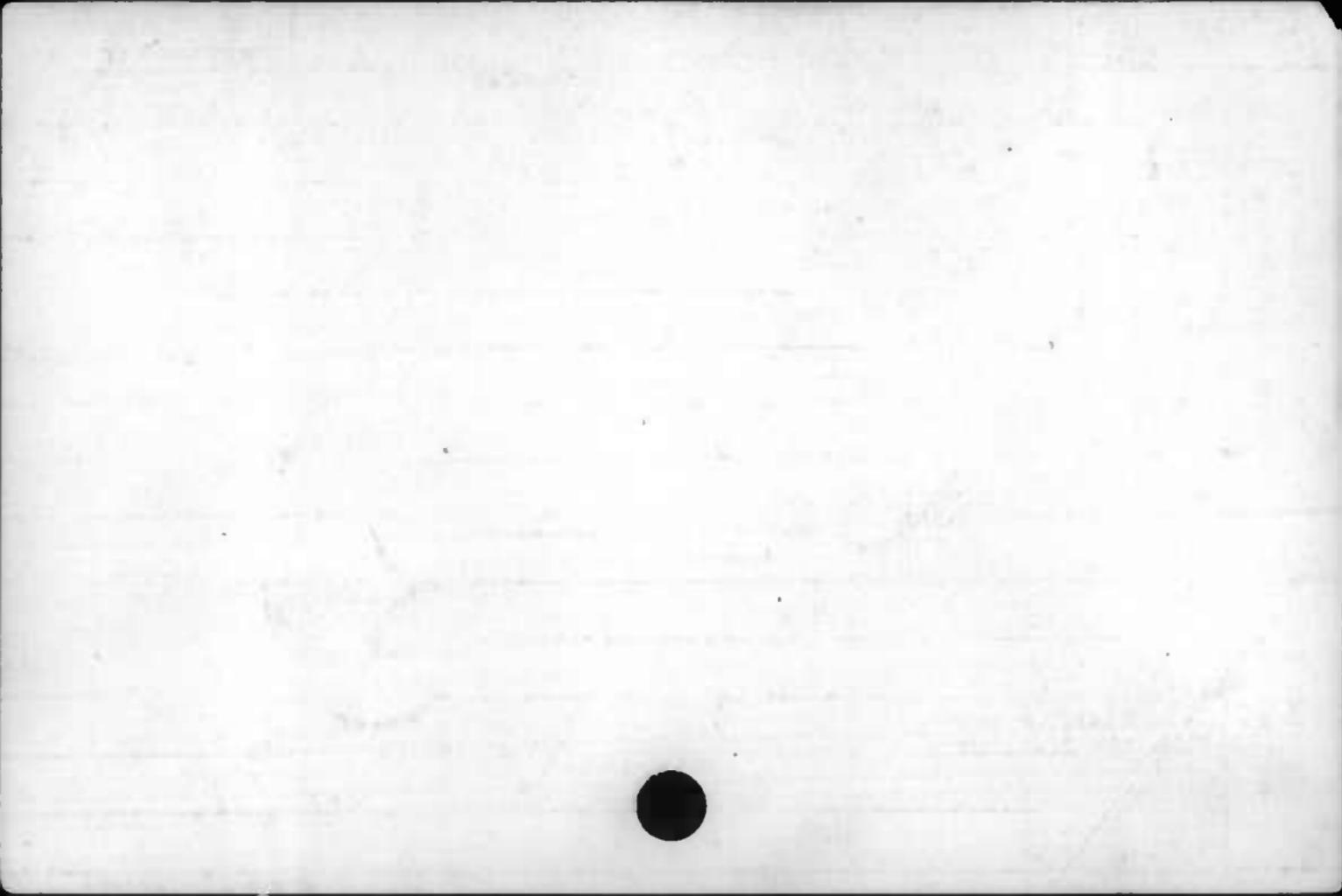
Died at <u>Silverwood</u>		Town <u>Maryland</u> County <u>Montgomery</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>20</u>	Years <u>60</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>+ Darrell</u>			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>- Darrell</u>				
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u></u>			How related to deceased <u>1</u>		

CAUSES OF DEATH

Primary <u>Inflammation preceding Typhoid</u>	How long <u>2 mos</u>
Immediate <u>Exhaustion & prostration</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

PHYSICIAN OR CORONER

O. M. Purchess
Rockville Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ida Siimes

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death		<input checked="" type="checkbox"/>			
Married, Single or Widowed	Name of Wife or Husband	<i>James Siimes</i>				
Father's Name	<i>D.S.</i>		Father's Birthplace	<i>D.S.</i>		
Mother's Maiden Name	<i>D.S.</i>		Mother's Birthplace	<i>D.S.</i>		
Name of person giving information	<i>James Siimes</i>		How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

Primary

Rheumatic Peritonitis ^{acute} *100 days*

How long

Immediate

Ex Lanston

How long

Are the name, age, sex, color, date and place correctly given above?

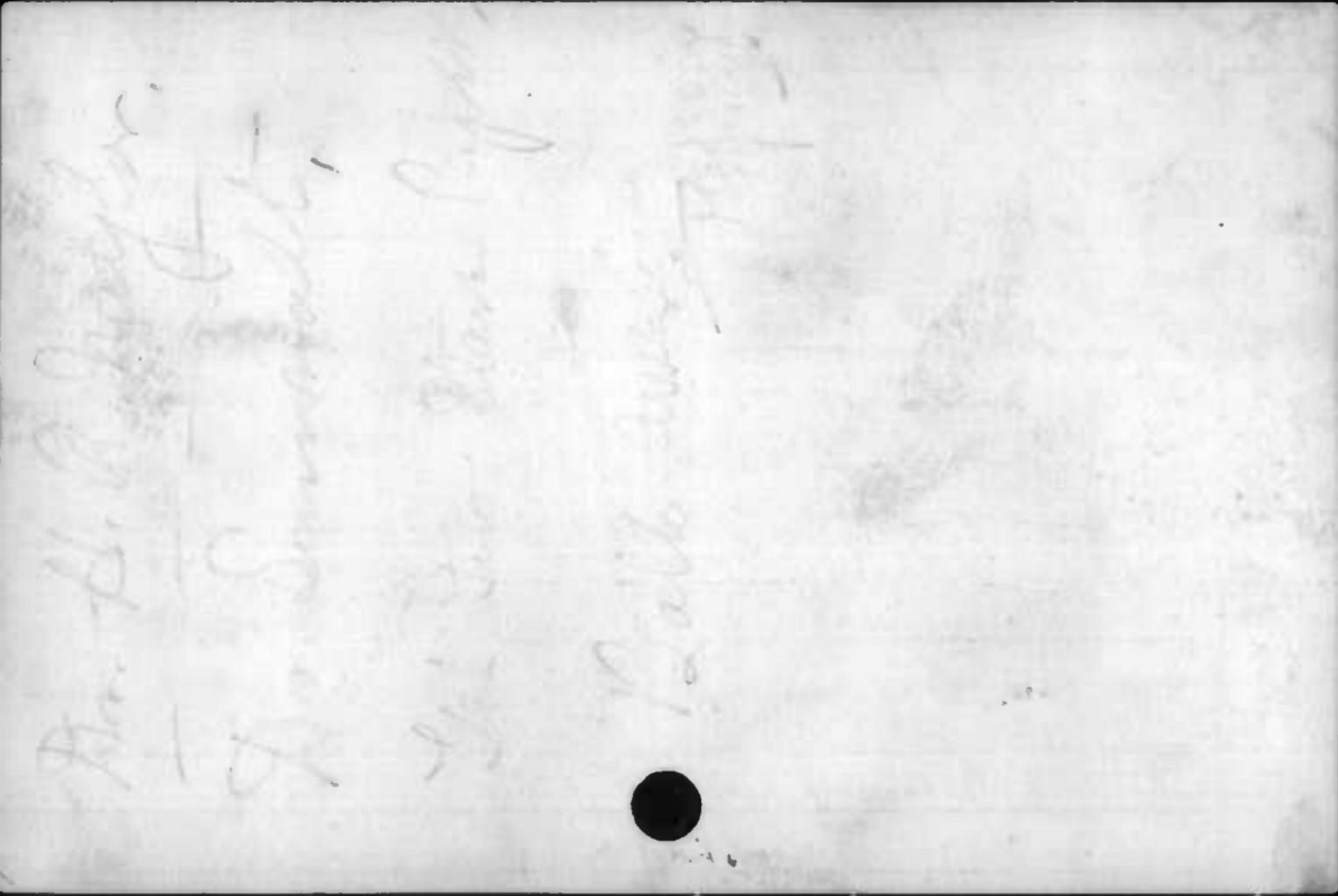
yes

Signature of Physician

Address

*D. de Lachman
Raedville*

Accident or Suicide?



Name
in
Full

Elizabeth G. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at

Town

Sandy Spring

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 10th 31

Age 88

2

16

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Homer.

Where Readiing if not
at place of death

Married, Single
or Widowed

Edward

Name of Wife or
Husband

Samuel P. Thomas.

Father's
Name

Edward Peter.

Father's
Birthplace

Blacksville Md.

Mother's
Maiden Name

Elizabeth Gassaway

Mother's
Birthplace

Elyott City Md

Name of person giving
Information

Mr E. P. Thomas

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

Hemiplegia

66

How long

3 mos.

Immediate

General Astenia

How long

3 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

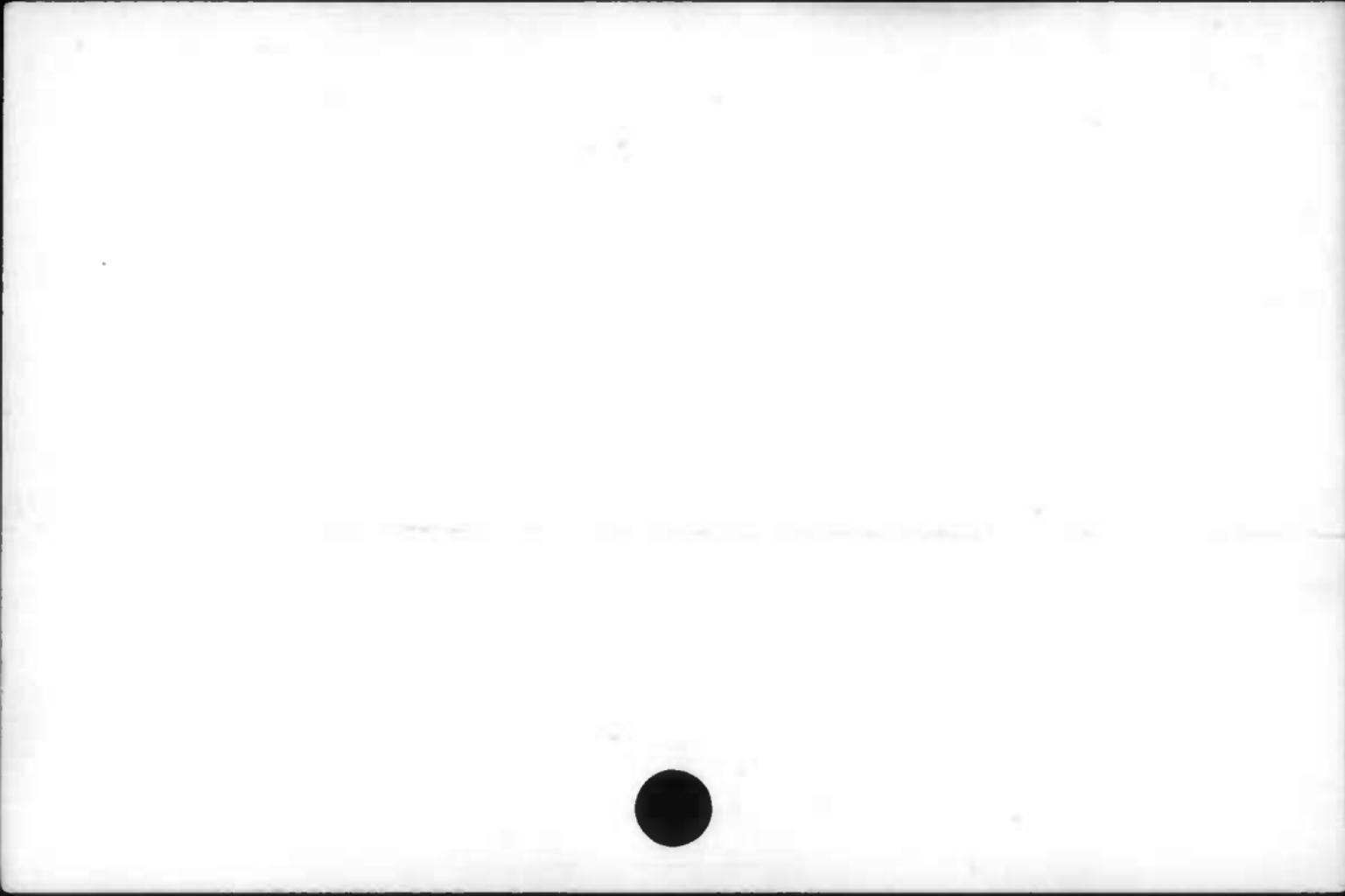
Signature of
Physician

Address

J. H. Bird M.D.
Sandy Spring
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ray Tysor
Wheaton Montgomery MARYLAND

CERTIFICATE OF DEATH

Died at

Town

County

Date
of death 1909

Month

Day

Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Name

Where Raiding is not
at place of death

same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Birthplace

Md

Father's
Name

Thos. Tysor

Mother's
Maiden Name

Hannie Spencer

Mother's
Birthplace

Md

Name of person giving
Information

R. Gardner

How related
to deceased

Relative

CAUSES OF DEATH

Primary

Typhoid Fever
Peritonitis

①

18 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

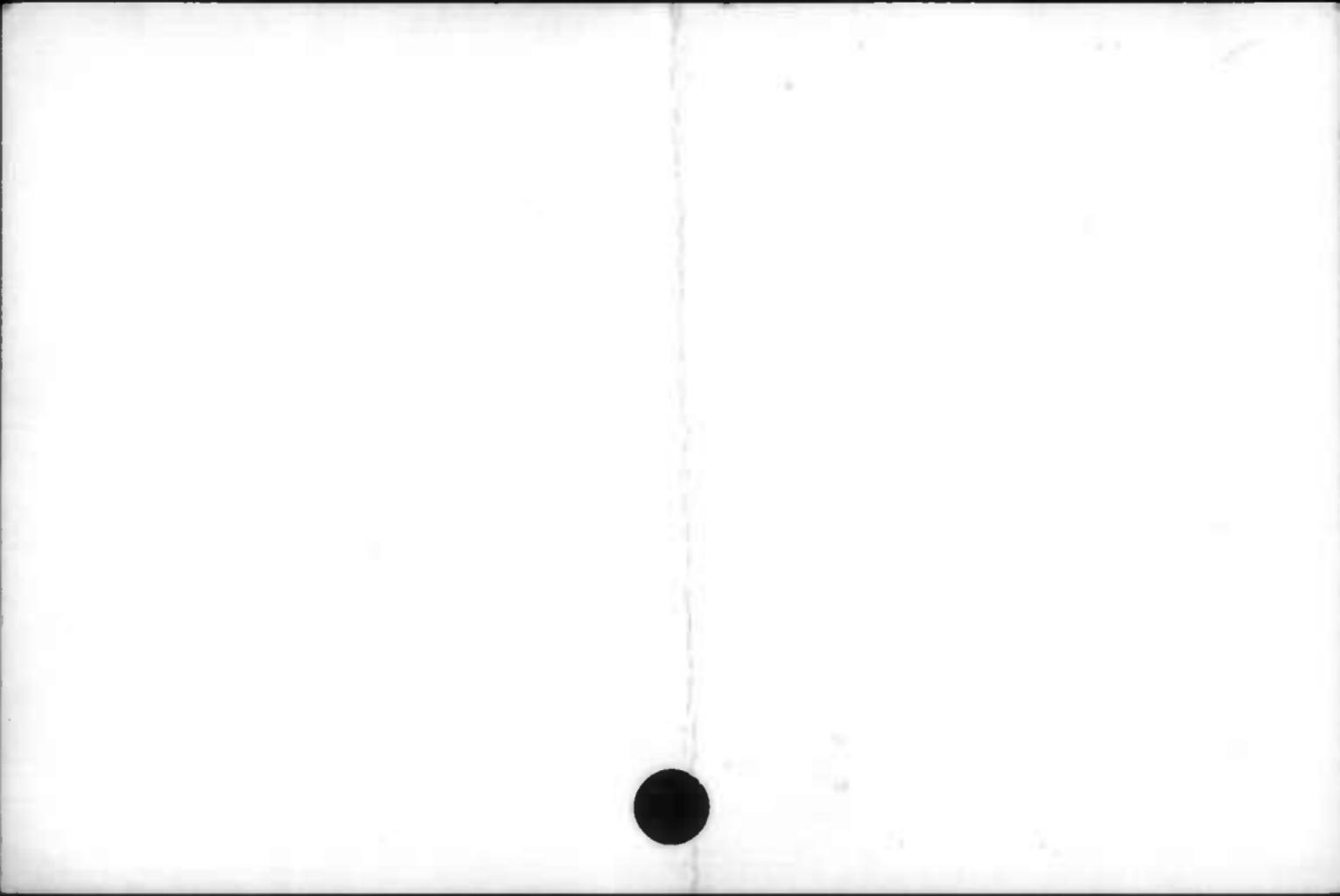
Signature of
Physician

Address

Eugene Jones
Kensington

Accident or Suicide

no



Name
in
Full

Ignatius Beall Ward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Shunting Hill		County	MARYLAND		
Date of death	Month	Day	Year	Months	Days	
1909	OCT	2	68	7	9	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Farmer & Merchant		Where Residing if not at place of death	✓		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Garrett Ward			
Father's Name	William H. Ward		Father's Birthplace	Maryland		
Mother's Maiden Name	Verlinda Beall		Mother's Birthplace	Maryland		
Name of person giving information	Carson Ward		How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Embolus		How long	immediat-
Immediate	Cerebral Paralysis		How long	9 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	George E. Lewis, M.D.
			Address	Rickville, Md.
Accident or Suicide?		✓		



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Francy S. Williams

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Geo. S. Williams				
Father's Name	Otto Pleasant		Father's Birthplace	Damascus Md.		
Mother's Maiden Name	Miranda Hammond		Mother's Birthplace	Monrovia Co.		
Name of person giving Information	Geo. S. Williams		How related to deceased	Husband		

CAUSES OF DEATH

Primary	Bright's Disease of Kidney		How long	120
Immediate	Uremia		How long	1 year 2 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Geo. S. Williams
Accident or Suicide?	D. Jacksbury Md.			

